PREPARATORY PHASE CHECKLIST			ECKLIST	SPEC SECT		DATE		
(CONTINUED ON SECOND PAGE)					ec Section # Here			
CONTRACT NO DEFINABLE FEATURE OF WORK Enter Cnt# Here Enter DFOW Here			V Here	SCHEDULE Enter Sc	ACT NO. ched Act ID Here	INDEX# Enter Index# Here		
	GOVERNMENT REP HOURS IN ADVANCE:		YES 🗆					
PERSONNEL PRESENT	NAME POSITION			_	COMPANY/GOVE	ERNMENT		
🚡								
買								
NO O								
.RS								
8								
	REVIEW SUBMITT	TALS AND/OR SUBMITTAL REGISTER. HAVE	ALL SUBMITTALS BEEN A	PPROVED?		YES NO		
	IF NO, WHAT ITEMS HAVE NOT BEEN SUBMITTED?							
SUBMITTALS	ARE ALL MATERIA		YES N	0 🗆				
ΙĖ	IF NO, WHAT ITEN MISSING?	MS ARE						
BM								
SU								
	CHECK APPROVED SUBMITTALS AGAINST DELIVERED MATERIAL. (THIS SHOULD BE DONE AS MATERIAL ARRIVES.)							
	COMMENTS:							
	IF NO, WHAT ACT	STORED PROPERLY?	YES \ \ \ \ \	0 🗆				
AL	II NO, WHAT AOT							
RA								
MATERIAL STORAGE								
200								
	REVIEW EACH PARAGRAPH OF SPECIFICATIONS.							
SPECIFICATIONS	DISCUSS PROCEI	DURE FOR ACCOMPLISHING THE						
Ρ	WORK.							
<u>\</u>								
片								
) PE	CLARIFY ANY DIF	EEDENCES						
"	CLAINI I ANI DII	- ENERGES.						
	ENSURE PREI IMI	NARY WORK IS CORRECT AND REDMITE A	RE ON EIL E					
≿	ENSURE PRELIMINARY WORK IS CORRECT AND PERMITS ARE ON FILE. IF NOT, WHAT ACTION IS TAKEN?							
PRELIMINARY WORK & PERMITS	II IVOT, WHAT AC	THOR IO PARLIE:						
M N N N N N N N N N N N N N N N N N N N								
RELIMINAR WORK & PERMITS								
P								

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	IDENTIFY TEST TO BE PERFORMED, FREQUENCY, AND BY WHOM.		
	WHEN REQUIRED?		
TESTING			
	WHERE REQUIRED?		
	REVIEW TESTING PLAN.		
	HAS TEST FACILITIES BEEN APPROVED?		
	ACTIVITY HAZARD ANALYSIS APPROVED?	YES NO	
	REVIEW APPLICABLE PORTION OF EM 385-1-1.		
SAFETY			
SA			
	NAVY/ROICC COMMENTS DURING MEETING.		
တ	NAVY/ROICC COMMENTS DURING MEETING.		
MEETING COMMENTS			
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	OTHER ITEMS OR REMARKS:		
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MS KKS			
OTHER ITEMS OR REMARKS			
0			
		QC MANAGER	DATE

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